



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R12/9-09)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name SMITH	First Name SUSAN	Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 1226 N. IRVINGTON AVE		5. FAX (Optional)		6. E-mail Address (Optional)	
7. City INDY	State IN	ZIP Code 46219	8. County MARION	9. Telephone (Day)	10. Telephone (Evening)
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) CITY COUNCIL COUNCIL DIST 12		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name SUSAN SMITH FOR DISTRICT 12					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 1226 N. IRVINGTON AVE		15. FAX (Optional)		16. E-mail Address (Optional)	
17. City INDY	State IN	ZIP Code 46219	18. County MARION	19. Telephone	20. Committee Organization Date (MM-DD-YY)
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson					
22. Mailing Address <input type="checkbox"/> Check if this is a new address		23. FAX (Optional)		24. E-mail Address (Optional)	
25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) INDIANA MEMBERS CREDIT UNION					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer ALAN W. PRESLEY	Signature of the Committee Chairperson <i>Susan M Smith</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer ALAN W. PRESLEY					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 8967 Sunningdale Blvd		35. FAX (Optional)	36. E-mail Address (Optional) ALANPRESLEY58@gmail.com		
37. City INDY	State IN	ZIP Code 46234	38. County MARION	39. Telephone (Day) (317) 2160593	40. Telephone (Evening)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>Alan W Presley</i>
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson	Signature of Chairperson	Date (MM-DD-YY)
43. Typed or Printed Name of Candidate SUSAN SMITH	Signature of Candidate <i>Susan M Smith</i>	Date (MM-DD-YY) 01-26-15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

FEB 02 2015

Myra A. Eldridge